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From: Brian L. Buckwalter
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Direct phone: 650/ 855-6995Total Pages: 7 including cover)**Certificate of Transmission under 37 CFR 1.8**

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Documents Attached:

For: S/N 10/781,120, filed February 18, 2004, Docket No. R0027D-CON
inventors Percy Manchand, et al.

1. Transmittal Form
2. Response/ Amendment
3. Petition for Extension of Time

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/781,120
	Filing Date	2/18/04
	First Named Inventor	Percy Manchand
	Art Unit	1616
	Examiner Name	Sabiha Naim Qazi
Total Number of Pages in This Submission	Attorney Docket Number	R0027D-CON

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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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